

SPRINGDALE FIRE DEPARTMENT

Employee Emergency Information Form

The information that you provide will be used **ONLY** in the event of your serious injury or death in the line of duty. Please take the time to fill it out fully and accurately because the data will help the department take care of your family and friends.

Personal Information

Document Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Contact Information

Family or friends you would like the department to contact. Please list in the order you want them contacted. If needed, provide additional names on the back of this sheet.

NOTE: If the contact is a minor child, please indicate the name of the adult to contact.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

List the names and dates of birth of all your children.

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

List the department member(s) you would like to accompany a senior officer to make the notification.

Name: _____

Name: _____

Name: _____

Name: _____

List the name(s) of any department chaplain(s) that you would like to accompany the senior officer and others listed above to make the notification.

Name: _____

Name: _____

Name: _____

List anyone else (i.e. your minister, etc.) that you would like to make the notification.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Optional Information

Make sure someone close to you knows this information.

Religious Preferences

Religion: _____

Place of Worship: _____

Funeral Preferences

Are you a veteran of the U. S. Armed Forces?	YES	NO
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If you are entitled to a military funeral, do you want one?	YES	NO
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Do you wish to have a fire service funeral?	YES	NO
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Please list any memberships you may have in fire service, religious, or community organizations that may provide assistance to your family.

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Do you have a will? YES NO
If yes, where is it located and who should be contacted about it? _____

List any life insurance policies you have:

Company: _____ Policy #: _____ Location: _____

Company: _____ Policy #: _____ Location: _____

Company: _____ Policy #: _____ Location: _____

Company: _____ Policy #: _____ Location: _____

Please list below any special requests that you may have.

Signature: _____ Date: _____